

Medical Certificate For Premarital Examination

To be valid, application for marriage license must be made within 30 days after date of blood test as shown below.

•	as received from		,
		Name of Approved Labora	itory
		_ of the result of a serologic	al test for syphilis performed on
Address			
	equired by Section 93-1-5, Miss	issippi Code of 1972 on a sp	ecimen of blood submitted in the
Date			
name of			•
Name of Applicant		Address	
I further certify that I, a duly lice and, as nearly as can be determined, the application			ippi, have examined the report
Signature of Physician or Nurse Practitioner	Date	Address	
Application		Recorded — Book	Page
Date of Application			
Issue			
•			
County		Signature of Circuit Clerk	
		Signature of Circuit Clerk	
Mississippi State Department of Health	Revised 6-18-98		Form No. 163
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To be valid, application of Applicant I further certify that I, a duly lice and, as nearly as can be determined, the application of the state of th	as received from	Name of Approved Labora of the result of a serologic issippi Code of 1972 on a special content of the State of Mississ with the intent of the law. Address	ral test for syphilis performed on ecimen of blood submitted in the